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ABSTRACT

Psychiatric outpatient clinics report that between 20 and 57% of their potential clients fail to return after the first visit. To examine the effectiveness of videotaped, systematic client preparation on dropout rate in short-term psychotherapy, 66 adult, beginning psychotherapy clients were randomly assigned either to a control or experimental group, after an initial intake interview. Control clients completed the Expectations About Counseling-Form B (EAC-B). Experimental clients viewed a videotape that explicitly modeled client behaviors and provided information found to relate to successful psychotherapy outcomes. Experimental clients then completed the EAC-B. The number of sessions attended, scores on the EAC-B, and the intake worker's rating of client problem severity were collected for all clients. An analysis of the results showed that the videotape was effective in reducing dropout rates after the first psychotherapy session and in increasing attendance through five sessions. The videotape increased attendance regardless of the rated severity of clients' problems. The videotape and previous counseling had equal effects on attendance, while the videotape was very effective with clients who had no previous counseling experience. The videotape was equally effective in reducing dropouts and in increasing attendance in the three diverse settings of university counseling center, psychology clinic, and psychiatric outpatient clinic. (Author/BL)

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The Effectiveness of Videotaped Systematic Client Preparation on Dropout Rate in Short-Term Psychotherapy

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Abstract

The Effectiveness of Videotaped Systematic Client Preparation on Dropout Rate in Short-Term Psychotherapy

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A videotape was developed to prepare entering clients for psychotherapy to attempt to reduce the reported 20 to 57% of clients who fail to return after the first session. The videotape, A Time for Change: It's Okay to See a Therapist, used explicit modeling for client behaviors and information that previous research had suggested was related to successful outcomes.

After the initial interview, 66 adults beginning psychotherapy were randomly assigned to either a control or experimental group. Control clients completed Expectations About Counseling-Form B (EAC-B). Experimental clients viewed the videotape and completed the questionnaire. Otherwise, the prevailing procedures of the facilities were followed. The number of sessions attended, scores on the EAC-B, and the intake worker's rating of the client's problem severity were collected on all clients.

The results of the study are summarized below:

1. The videotape was effective in reducing dropout rates after the first psychotherapy session and in increasing attendance through five sessions.
2. The videotape had no measurable impact on clients' expectations about psychotherapeutic treatment as measured by EAC-B.
3. The videotape increased attendance regardless of rated severity of clients' problems.
4. The videotape and previous counseling had about equal effects on attendance. The videotape was very effective with clients who had no previous counseling experience.
5. Treatment facility had no effect on the attendance rates or dropout rates. The videotape was equally effective in reducing dropouts and in increasing attendance in three rather diverse settings of university counseling center, psychology clinic, and psychiatric outpatient clinic.

It was concluded that the videotape, A Time for Change: It's Okay to See a Therapist, has clear potential for reducing dropouts by increasing attendance among adult clients applying for short-term, individual outpatient psychotherapy, especially for those clients with no previous psychotherapy experience.

Paper presented at Southwestern Psychological Association in New Orleans, LA. on April 21, 1984.

The Effectiveness of Videotape Systematic Client Preparation on Dropout Rate in Short-Term Psychotherapy

One of the most difficult problems facing psychotherapists is that far too many of those entrusted to their care drop out of treatment prior to its satisfactory completion. The extent of the problem has been reflected in the findings that in general psychiatric clinics 20% to 57% of outpatients fail to return after the first visit (Baekeland & Lundwall, 1975). Several writers found the mean number of visits to range from 3 to 13 (Baekeland & Lundwall, 1975), while the report on the nation's community mental health centers (National Institute of Mental Health, 1976) revealed the median number of outpatient visits per patient to be slightly less than 3. Studies following up on premature terminators found that only from 8.5% to 17.1% were doing well (Straker, Devenloo, & Moll, 1967; Yalom, 1966) after premature termination. Unfortunately it appears that premature terminators rarely go to seek therapy elsewhere (Garfield, 1963; Riess & Brandt, 1965). Thus, a significant proportion of early terminators dropped out of treatment even though their need for psychotherapy apparently remained.

During the past twenty years a wide variety of media have been employed in studying the effects of client preparation for psychotherapy (a) to optimize the client's continuance in psychotherapy, and (b) to enhance the client's utilization of the

experience to increase successful outcomes. These media have included written materials (Garrison, 1978), group informational lectures (e.g., Yalom, Houts, Newell, & Rand, 1967; Jacobs, Trick & Withersty, 1976), individually presented lectures (e.g., Morris, 1978; Sipes, 1979), audiotaped instructions (e.e., Whalen, 1969), audiotaped modeling (e.g., Greenberg, Goldstein, & Perry, 1970), film or videotape preparatory programs (e.g., Francois, 1978; Strupp & Bloxom, 1973), role induction interviews (e.g., Heitler, 1976; Hoehn-Saric, Frank, Imber, Nash, Stone, & Battle, 1964), and behavioral rehearsal (e.g., Cartwright, Tipton, & Wicklund, 1980).

Client preparation programs that have emphasized modeling (either audiotaped or filmed/videotaped) have been found consistently to enhance successful psychotherapy processes and/or outcomes. Videotaped modeling procedures hold the promise of generalizability to a variety of settings and client types and of economy of professional staff time. They also offer the appeal of a multimodal presentation in a medium (television) with which most individuals are quite comfortable and experienced. In addition, Whalen's (1969) work suggested that information can enhance modeling effects. Thus, based on the need to reduce premature psychotherapy dropouts by effective preparation for psychotherapy, the present study focused on development of a videotaped preparation for psychotherapy program and on evaluation of its effectiveness in reducing premature psychotherapy dropouts.

Method

Clients

Clients were 66 adults who presented themselves for treatment at one of four mental health clinics located in the Southwestern United States: a psychology clinic associated with a university department of psychology, a university counseling center, a psychiatric outpatient clinic associated with a medical school, and a psychiatric outpatient clinic associated with a state psychiatric hospital.

The average age of clients was 26.3 years (range from 18 to 53 years). The distribution of gender was 24 (36%) males and 42 (64%) females. Their mean income was $871 per month or approximately $10,452 annually. Clients were predominantly Caucasian (92%) with 6% Mexican-American and 2% other.

Materials

Videotape. A 30-minute videotape was produced by the first author to include videotaped modeling of desired client behaviors and specific information about psychotherapy. The videotape, A Time For Change: It's Okay to See A Therapist, presented four clients involved in behaviors that research suggested were effective in lengthening and improving psychotherapy. The modeling was reinforced by informative/persuasive statements about the effectiveness of psychotherapeutic treatment. The videotaped clients (a) talked candidly to their therapist about problems (Katz & Solomon, 1958; Truax & Wargo, 1969), (b) explored and expressed feelings about their concerns (Truax &

Wargo, 1969); (c) actively collaboratedwith their therapist in treatment (Heine & Trossman, 1960), (d) worked on their concerns over thecourse of several weeks (Garfield & Wolpin, 1963; Strupp & Bloxom, 1973), (e) began to change their ineffective ways of behaving (Heine & Trossman, 1960), (f) coped with the stress resulting from treatment (Bandura, 1977; Morris, 1978), (g) realized that talking to a psychotherapist can be helpful in resolving problems (Hornstra, Lubin, Lewis, & Willis, 1972; Strupp & Bloxom, 1973), (h) demonstrated a moderate level of prognostic expectations regarding improvement (Goldstein & Shipman, 1961), and (i) experienced the therapist's response as warm, accepting, understanding, patient, and uncritical (Martin, Sterne, & Hunter, 1976).

Different from previous film/videotape preparation programs, this videotape used modeling with an explicit informational component, presented a broader range of clients and client characteristics (e.g., males and females, varying educational, income, and age levels), differing therapists (male and female, young and old), and a variety of presenting problems (e.g., over-control of others, depression, misdirected anger, and psychosomatic disturbance).

BPRS. The Brief Psychiatric Rating Scale (BPRS) is an 18-item set of constructs which was completed by the intake worker to indicate level of severity of clients' problems.

EAC-B. This questionnaire has 54 items and was designed to assess clients' expectancies regarding psychotherapeutic treatment.

Procedures

As much as possible the prevailing procedures of the treatment facilities were followed. After clients had been seen for their clinical intake appointment they were informed about the project and asked to participate. If they agreed to participate, they were randomly assigned to the experimental or control group. At this time the experimental group viewed the videotape. Intake workers completed BPRS forms on all clients to estimate the level of severity of their presenting problems.

Results

Those clients who viewed the videotape dropped out of therapy significantly less often than those clients who received no systematic preparation. A dropout was defined as a client who did not return after the first interview and a remainer as a client who returned for one or more additional sessions. Only 12% of prepared clients as compared to 33% of non-prepared clients were classified as dropouts. The chi-square was significant beyond the .05 level (chi-square (d.f. = 1) = 4.23).

Clients who viewed the videotape attended on the average almost one more session (3.78 vs. 2.94) than control clients. The results of the t-test between control and experimental clients on number of sessions attended yielded a significant effect (t (d. f. = 64) = 2.8) for the videotape ($p = .03$).

The videotape had no discernible effect on EAC-B total or subscale scores. There was no difference between mean scores of the experimental (Mean = 50.34, S.D. + 9.08) and the control (Mean = 49.69, S.D. = 10.96) groups.

The use of BPRS severity ratings as an independent variable did not effect frequency of dropouts in the experimental and control groups (See Table 1). The chi-square yielded no main effect for severity ratings (chi-square (d.f. = 3) = 5.16 (n. s.)).

Experimental clients attended more sessions regardless of severity ratings (See Table 2). The results of the ANOVA yielded a main effect for the videotape ($p = .03$) but no effect for either severity rating ($p = .92$) or the interaction of the videotape with severity rating ($p = .19$). Thus, prepared clients attended more session regardless of the severity rating.

The videotape was highly effective in reducing dropouts among clients with no previous psychotherapy (Chi-square (d.f. = 1) = 6.65, $p < .02$) but had no effect on clients with previous psychotherapy (Chi-square (d.f. = 1) 0.03, nonsignificant). The ANOVA revealed a main effect for previous treatment ($p < .03$) as well as for the videotape ($p < .05$), but no effect for the interaction ($p = 0.47$).

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Treatment facility had no effect on frequency of dropouts. The chi-square testing the effect of treatment facility on the frequency of dropouts did not achieve statistical significance (chi-square (d. f. = 5) = 5.97). Across treatment facilities experimental clients averaged almost one more session than control clients (i. e., 4.0 vs. 3.3 sessions for the psychology clinic; 3.6 vs. 2.7 sessions for the counseling center; and, 3.6 vs. 2.6 for outpatient psychiatric clinics). The ANOVA was not significant for either treatment facility (F (d. f. = 65) = .77) or for the interaction of treatment facility and videotape (F (d. f. = 65) = .04).

Discussion

The objective of this research project was to develop a client preparation for psychotherapy program meeting the practical criteria of effectiveness, generalizability, and economy. The results suggest that this objective was met. The effectiveness of the videotaped preparation program can be viewed from several perspectives. First, within five sessions, the preparation program led to an average of one more psychotherapy session attended than in the control group. From the perspective of overall dropout rates after the first session, the preparation program reduced dropouts from 33.3%

in the control group to 12% for prepared clients.

From the perspective of generalizability, the preparation program again demonstrated significant implications. The design of the project called for diverse treatment facilities. Treatment facilities ranged from a university counseling center, which usually serves clients with rather mild psychopathology to a psychiatric outpatient clinic affiliated with a state psychiatric hospital, which usually serves clients with moderate to severe psychopathology. Across the diverse treatment settings, clients represented a broad spectrum in age (18 to 53 years), income (no income to $24,000 annually), and job title (unemployed to college student to managers). In addition, both genders were represented. The one area in which diversity was limited was ethnicity. Thus, the preparation program appears to have met the criterion of generalizability.

With regard to the criterion of economy, the program is easily administered in that it requires the mere presentation of a videotape recording. It is very economical in terms of professional staff time, since no professional staff time is required. In terms of clients' time, it requires only a half-hour. Further, the impact of the videotape on attendance was about equal to previous treatment. Thus, in terms of ease of administration, client, and professional time, the preparation program appears to meet the criterion of economy.

Based on previous research, (e. g., Whalen, 1969) a complex manipulation was assumed to be necessary if the preparation was to significantly impact dropout behavior. Thus, the videotaped program was designed to include an informational component and modeling, a broad range of client and therapist models, and a variety of presenting problems. However, the present study did not test the necessity of certain components or of a complex manipulation. Thus, this question of a complex manipulation must await further research.

The study is limited because there was no attention-placebo group. Thus, the effect of the study may result from additional attention given to experimental clients. The author is involved in a research project now that will address the issue of placebo effects.

Additional directions for future research include (a) testing the effects of the preparation progrm in longer term treatment (longer than five sessions), (b) evaluating its efficacy with ethnic minority clients, (c) determining what components of the program make it effective (modeling, information, or other factors), and (d) how effective the program is in comparison with role induction and behavioral rehearsal programs.

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Table 1

Frequency of Dropouts and Remainers in Experimental and Control Groups By High and Low Severity Ratings

Group	n	%
Low Severity Dropouts		
Experimental	3	62.50
Control	5	37.50
Low Severity Remainers		
Experimental	13	54.17
Control	11	45.83
High Severity Dropouts		
Experimental	1	85.71
Control	6	14.29
High Severity Remainers		
Experimental	16	59.26
Control	11	40.74

Chi-square (d. f. = 3) = 5.16 (n. s.)

Table 2

Number of Sessions for Experimental and Control Clients with High and Low Severity Ratings

Group	Mean	S. D.	n
High Severity			
Experimental	3.50	1.76	16
Control	3.19	1.71	16
Low Severity			
Experimental	4.06	1.57	17
Control	2.71	1.25	17